

**YEAR-END ACCUMULATIVE AGENCY CLOSEOUT REPORT
OF CLIENTS SERVED FOR FY 2008/09**

Leon County Human Services Division

Agency Name: _____ Program Title: _____

Reporting Period covers from October 1, 2008 – September 30, 2009

1. Aggregate Benefit	Client Demographics					
a. Persons Served	Total	White not Hispanic Origin	African-American not Hispanic Origin	American Indian or Alaskan Native	Hispanic	Asian or Pacific Islander
Male						
Female						
Low Income						
Very Low Income						
Very, Very Low Income						
Total Number of Clients Served						
Total Female Headed Households (only provide a total number—do not separate by race)						
b. Age Groups of Clients						
0-5						
6-12						
13-18						
19-25						
26-39						
40-54						
55 - above						
Total Number of Clients Served						

2. Census Tract Data		Number of Clients Served By Census Tract Area for FY 2008/09			
Census Tract Number	Number of Clients Served In Census Tract Area	Census Tract Number	Number of Clients Served In Census Tract Area	Census Tract Number	Number of Clients Served In Census Tract Area
2		15		24.05	
3.01		16.01		24.07	
3.02		16.02		24.08	
3.03		17		24.09	
4		18.01		24.10	
5		18.02		25.02	
6		19		25.04	
7		20.01		25.05	
8		20.02		25.06	
9.01		21.01		26.01	
9.02		21.02		26.02	
10.01		22.01		27	
10.02		22.03		City-wide	
11.01		22.04		County-wide	
11.02		23.02		**Homeless	
12		23.03		Other: Specify	
13		23.04			
14		24.03			

****Persons without stable living arrangements**

3. Record of Contributions for FY 2008/09	
Type of Activity	Total Dollar Value
Volunteer Services	
In-Kind Contributions (such as furniture, computers, etc.,)	
Fundraisers	
Other (please specify)	
TOTAL VALUE OF CONTRIBUTIONS FOR FY 2008/09	

4. FY 2008/09 PROGRAM ACCOMPLISHMENTS

1. Progress toward meeting contract goals and objectives; *list program goals/objectives as stated in the Agency Agreement* and describe specific program accomplishments during fiscal year 2007/08, for each of the program goals/objectives.
2. Discuss any significant obstacles encountered in meeting stated goals/objectives.
3. Please *list major collaborative accomplishments* achieved during fiscal year 2008/09.

4. Please give suggestions in reference to how the Human Services Division can better respond to your agency's contractual needs.

5. What are the most significant needs of your agency in regards to training, technical assistance and resources?

6. Any additional comments are welcome.

Verification Section

Year-End Report Prepared By: _____ Date: _____

Agency Contact Person: _____ Telephone: _____

Signature of Agency Director: _____ Date: _____